

Fax Transmittal**DATE:** June 12, 2003**Total Pages Including Cover:** 16**TO:** Examiner Timothy L. Rude
Art Unit: 2871**Company:** USPTO**Fax #:** 703-872-9319**Phone #:** 703-305-0418**Application
Serial No.** 09/915,681**Docket #:** NL000441**FROM:** Michael J. Balconi-Lamica
Reg. No. 34,291Michael J. Balconi-Lamica
Patent Attorney
21004 Lakeshore Dr. W.
Spicewood, Texas 78669**Direct Phone #:** 512-461-2624**Direct Fax #:** 512-264-3687**E-Mail:** mjblamica@aol.com

Should you have any problems with this transmittal, please call: 512-461-2624

MESSAGE:

Examiner Rude,

Attached for filing are the following documents:

1. Response to FINAL Office Action;
2. Certificate of Facsimile Transmittal; and
3. Transmittal Letter (in duplicate).

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Entry of this paper in the above-identified application is courteously solicited. Any questions regarding this matter should be directed to the undersigned.



Michael J. Balconi-Lamica

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PATENTDocket No.: NL000441
Customer No. 000024737

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Marien De Schipper

Serial No.: 09/915,681

Filed: July 26, 2001

For: IMAGE SENSING DISPLAY DEVICE

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Group Art Unit: 2871

Examiner: Timothy L. Rude

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Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Examiner:

In response to the Final Action dated May 2, 2003, enclosed are the following regarding the above-identified patent application:

1. A Response After Final;
2. Certificate of facsimile transmission; and
3. Transmittal letter (in duplicate).

☐ Small entity status of this application has been established by a previously submitted verified statement under 37 C.F.R. §§ 1.9 and 1.27.

☒ No additional fee is required.

The fee has been calculated as shown below:

This fee has been calculated as shown below.						OTHER THAN A SMALL ENTITY				
	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	13	minus	20	=	0	x 9	\$ _____	OR	x 18	\$ 0.00
INDEP	1	minus	3	=	0	x 42	\$ _____	OR	x 84	\$ 0.00
[]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ 140	\$ _____	OR	+ 280	\$ _____
						TOTAL	\$ _____	OR	TOTAL	\$ 0.00

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

.. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

PATENTDocket No.: NL000441
Customer No. 000024737

- ☐ Please charge Deposit Account No. ☐ in the amount of \$_____.
- ☐ A check in the amount of \$_____ is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. ☐.
- ☐ Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. § 1.17.
- ☐ A copy of this sheet is enclosed.

Respectfully submitted,

*Michael J. Balconi-Lamica*Michael J. Balconi-Lamica
Registration No. 34,291Dated: 6/12/0321004 Lakeshore Dr. W.
Spicewood, Texas 78669
Telephone: 512/461-2624
Facsimile: 512/264-3687
File: NL000441

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CERTIFICATION OF FACSIMILE TRANSMISSIONI hereby certify that this paper is being facsimile transmitted to the
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Marien De Schipper

Serial No.: 09/915,681

Filed: July 26, 2001

For: IMAGE SENSING DISPLAY DEVICE

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Group Art Unit: 2871

Examiner: Timothy L. Rude

RESPONSE AFTER FINAL

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Examiner:

In response to the Final Action mailed May 02, 2003, the following is being submitted for placing the application in condition for allowance. Please amend the above-identified application as follows: